PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applica	able fee(s), to: M	ai
--	--------------------	----

Mail Stop ISSUE FÉE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

or <u>Fax</u>

(703) 746-4000

500.40191CX1

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

CURRENT CO		CE ADDRESS (Note: Use Block 1 fo 590 02/23/2005	or any change of address)		Note: Fee(s paper have	A certificate of Transmittal. The Each additionates The countries own certificates	mailing can only be used f is certificate cannot be used il paper, such as an assignm of mailing or transmission.	for domestic mailings of the for any other accompanying ent or formal drawing, must
1300 NO SUITE : ARLINO	ORTH SEV 1800 GTON, VA	ERRY, STOUT & F ENTEENTH STREE 222209-9889 0005 10023560	RAUS LLP	689		Cei	tificate of Mailing or Tran	smission ng deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below.
new CAAN ups	IENTE AAAA	g d	MAY 2 3 2005	لِير	-			(Depositor's name)
FC:1501		1400.00		ĮĮ.	<u> </u>			(Signature)
P FC81504 ·		300.00	کیہ ،	y				(Date)
APPLICAT	TION NO.	FILING DATE	BADEMAC	FIRST NAME	D INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/823	3,560	04/14/2004		Hideki S	awaguchi		500.40191CX1	4817
TITLE OF INV	VENTION: D	EVICE AND SIGNAL PRO	OCESSING CIRCU	JIT FOR MA	GNETIC REC	ORDING, MAGN	NETIC RECORDING APPA	ARATUS .
APPLN.	ТҮРЕ	SMALL ENTITY	ISSUE F	EE	PUBLICA	TION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprov	risional	NO	\$140	0	\$.	300	\$1700	05/23/2005
	EXAMINER		ART UN	IIT	CLASS-S	UBCLASS		
	FABER, ALAN		2651		360-0	45000		
3. ASSIGNEE PLEASE NO recordation (A) NAME Hita Please check the 4a. The following Sisue Fee	dress" indicatic Rev 03-02 of required. NAME AND OTE: Unless as set forth in OF ASSIGNED ASS	ion (or "Fee Address" Indicar more recent) attached. Us RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion EE ad. assignee category or catego	ation form e of a Customer E PRINTED ON Telow, no assignee of this form is NO (E	(1) the na or agents (2) the nai registered 2 registered listed, no in the part of the par	mes of up to 3 OR, alternative me of a single attorney or age dipatent attorn name will be pr I (print or type) hear on the pate for filing an ass EE: (CITY and a graph of the print of th	irm (having as a ant) and the name eys or agents. If a inted. nt. If an assigned eignment. STATE OR COU	member a 2 es of up to no name is 3 ee is identified below, the dependence or other private grounds.	locument has been filed for
Advance Order - # of Copies			Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-2135 (enclose an extra copy of this form).					
5. Change in E	ntity Status (from status indicated above)	Π.				
The Director of	the USPTO is	AALL ENTITY status. See a s requested to apply the Issu blication Fee (if required) was and of the United States Pate	e Fee and Publicat	ion Fee (if an	ant is no longer y) or to re-appl other than the	claiming SMAL y any previously applicant; a regis	L ENTITY status. See 37 Cl paid issue fee to the applica tered attorney or agent; or th	FR 1.27(g)(2). Ition identified above. The assignee or other party in
Authorized S	Signature	Paul A Showing	rwch'			Date Ma	y 23, 2005	
Typed or printed name Paul J. Skwierawski				Registration No 32,173				
This collection of an application. Of submitting the control of this form and/or Box 1450, Alexa Alexandria, Virg	suggestions i	for reducing this burden, sh	11. The information 122 and 37 CFR 1 D. Time will vary ould be sent to the SEND FEES OR C	n is required t .14. This coll depending up Chief Inform OMPLETED	o obtain or reta lection is estima on the individu nation Officer, I FORMS TO T	in a benefit by the sted to take 12 m al case. Any con J.S. Patent and T HIS ADDRESS.	e public which is to file (and inutes to complete, including ments on the amount of tin rademark Office, U.S. Depa SEND TO: Commissioner f	by the USPTO to process) g gathering, preparing, and ne you require to complete utment of Commerce, P.O. for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.